

**Town of Bluffton**  
**20 Bridge Street - PO Box 386**  
**Bluffton, SC 29910**  
**(843) 706-4501 Fax (843) 757-6720**  
**HOME OCCUPATION APPLICATION**

Business Name: \_\_\_\_\_

Owner Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Physical Address: \_\_\_\_\_

\_\_\_\_\_

**Property Owner:**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Tax Map No.: \_\_\_\_\_

Signature: \_\_\_\_\_ Printed Name \_\_\_\_\_

**Home Occupation approvals are subject to the following conditions:**

1. There is no exterior evidence of the Home Occupation, with the exception of the provision of up to one (1) parking space for clients.
2. This parking space is sufficient to handle any Home Occupation related parking needs.
3. There are no full-time associates or employees who are not members of the household.
4. No signs associated with the Home Occupation are displayed.

**Failure to comply with these conditions could result in revocation of the license.**

**Please sign and date below indicating you have read and understand all the statements above.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date